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PTO/SB/17 (19-08)
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Be Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number

ú	Origer the Paperwork Reduction Act t	71 1000, No pordon	are required to	respend to a someone									
7/	Effective on 12/0	Complete if Known											
4	Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2009			· · · · · · · · · · · · · · · · · · ·		10/697,237-Conf. #9024							
				· ······g zate		October 31, 2003							
١				7 1101 1 101110 2 11110 1110 1		Nobuyuki Nonaka							
ŀ	FOFF 1 2009			Examiner Name R.		R. E. Mosser							
	Applicant claims small entity status. See 37 CFR 1.27			Art Unit		3714							
L	TOTAL AMOUNT OF PAYMENT (\$) 940.00			Attorney Docket No. SHO-0045				_					
	METHOD OF PAYMENT (check all that apply)												
	Check Credit Card	Money Ord	ler No		(please ider								
١	x Deposit Account Deposit Account Number: 18-0013 Deposit Account Name: Rader, Fishman & Grauer PLLC												
١	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)												
١	x Charge fee(s) indicate	ed below		Charge	e fee(s) in	dicated below, ex	cept for th	ne filing fee					
	Charge any additional fee(s) or underpayments of												
ŀ	FEE CALCULATION		 \										
ŀ	1. BASIC FILING, SEARCH, AND	EXAMINATION	FEES			· · · · · · · · · · · · · · · · · · ·							
	·	ILING FEES		ARCH FEES	EXAMI	NATION FEES							
		Small Entity			En- (#1	Small Entity	Easa F	aid (\$)					
	Application Type Fee (_			Fee (\$) 220	<u>Fee (\$)</u> 110	rees r	alu (\$)					
	Utility 330		540										
	Design 220		100		140	70 95							
	Plant 220		330		170	85							
	Reissue 330		540		650	325							
	Provisional 220) 110	0	0	0	0							
2. EXCESS CLAIM FEES Small Fee (\$) Fee (\$)													
	Fee Description Each claim over 20 (including R	eissues)					52	26					
ı	Each independent claim over 3	(including Re	issues)				220	110					
ı	Multiple dependent claims						390	195					
ı	Total Claims Extra Clain	otal Claims		ee Paid (\$) Mult		Nultiple Depende	ultiple Dependent Claims						
ı	- or HP = x =			F	<u>ee (\$) </u>	Fee Paid (\$)							
1	HP = highest number of total claims paid f	or, if greater than :						_					
1	Indep. Claims Extra Clair	ns Fee (\$)	<u>F</u>	ee Paid (\$)									
l	- or HP = HP = highest number of independent claim		ter than 3.										
	3. APPLICATION SIZE FEE												
I	If the specification and drawing	gs exceed 10	0 sheets of	paper (excluding	ig electro	nically filed seq	uence or	computer					
	listings under 37 CFR 1.52					r small entity) fo	or each ac	aditional 50					
ļ	sheets or fraction thereof.			•		of Eco (\$)	Foo	Paid (\$)					
	Total Sheets Extra She			additional 50 or fra-			<u>. 60</u>	(¥)					
١		/50 =		(localid up to a wife	ne naimer)	^	Fees	Paid (\$)					
	4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity												
ŀ	Other (e.g., late filing	130.00											
	surcharge):	1801 Req	uest for con	tinued examina	tion (RCE	E) (see 37	81	10.00					
SUBMITTED BY													
	Signature all	Registration No. (Attorney/Agent)	29,211	Telephone	(202) 95	5-3750							
ŀ	Name (Print/Type) Carl Schaukowi	Date	January 14, 2009										
- 1	to the conduction							,					

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PTO/SB/17 (10-08)
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Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number

Complete if Known

Effective on 12/08	Complete if Known											
Fees pursuant to the Consolidated Approp	Application Number 10		0/697,237-Conf. #9024									
FEE TRANS	MITTAL	Filing Date O		October 31, 2003								
		First Named Inventor N		lobuyuki Nonaka								
For FY 20	Examiner Name R		R. E. Mosser									
Applicant claims small entity star	Art Unit 37		3714									
TOTAL AMOUNT OF PAYMENT	Attomey Docket No. SHO-0045											
METHOD OF PAYMENT (check all that apply)												
Check Credit Card Money Order None Other (please identify):												
x Deposit Account Deposit Account	x Deposit Account Deposit Account Number: 18-0013 Deposit Account Name: Rader, Fishman & Grauer PLLC											
For the above-identified dep	osit account, the Director	s hereby authoriz	ed to: (check	all that apply)	•							
x Charge fee(s) indicate					cept for th	ne filing fee						
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17												
FEE CALCULATION												
1. BASIC FILING, SEARCH, AND E												
F		ARCH FEES		ATION FEES Small Entity								
Application Type Fee (S	Small Entity 5) Fee (\$) Fee (Small Entity \$) Fee (\$)	Fee (\$)	Fee (\$)	Fees P	Paid (\$)						
Utility 330		270	220	110								
Design 220	110 100	50	140	70								
Plant 220	110 330	165	170	85								
Reissue 330			650	325								
Provisional 220			0	0								
2. EXCESS CLAIM FEES	,,,,	,	_			Small Entity						
2. EXCESS CLAIM FEES Small Entity												
Each claim over 20 (including Reissues) 52 26												
Each independent claim over 3 (including Reissues) 220 110												
Multiple dependent claims					390	195						
Total Claims Extra Claim	s Fee (\$)	ee Paid (\$)	<u>Mu</u>	Itiple Depende	lent Claims							
or HP =	_ x =		<u>Fee</u>	<u>(\$)</u> <u>F</u>	ee Paid (\$	3)						
HP = highest number of total claims paid fo	-					_						
Indep. Claims Extra Claim	<u>s Fee (\$)</u> =	ee Paid (\$)										
- or HP = HP = highest number of independent claim:												
3. APPLICATION SIZE FEE												
If the specification and drawing	s exceed 100 sheets o	f paper (excludi	ng electronic	cally filed seq	uence or	computer						
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50												
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)												
Non-English Specification, \$130 fee (no small entity												
Other (e.g., late filing 1251 Extension for response within first month 130.00												
surcharge): 1801 Request for continued examination (RCE) (see 37 810.00												
SUBMITTED BY												
Signature au		Registration No. (Attorney/Agent)	29,211	Telephone	(202) 95	5-3750						
Name (Print/Type) Carl Schaukowito	 ch	, , , , , , , , , , , , , , , , , , , ,		Date	January 1	4, 2009						